



Data Points

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

Breast cancer is the second leading cause of cancer death for women in the United States.¹ However, breast cancer mortality rates have decreased significantly in recent years, which may be due to early detection through regular screening that includes mammograms and effective treatment.¹

The American Cancer Society recommends that women start breast cancer screening at age 40 and continue this practice annually.² The Cancer Detection Section's *Cancer Detection Program: Every Woman Counts (CDP: EWC)* provides free breast cancer screening to eligible women ages 40 and older who are low income and uninsured or underinsured. Since access to health care is an impediment to regular screening,³ public health programs such as *CDP: EWC* serve as an effective conduit to services.

Data from the 2005 to 2009 California Women's Health Survey were used to examine trends by health care coverage status in the proportion of women ages 40 and older who received a recent mammogram. Receiving a recent mammogram was defined in this analysis as having a mammogram within the past year. Respondents who had a mammogram because of breast problems or cancer were excluded from the analysis. Responses were weighted by age and race/ethnicity to reflect the 2000 California adult female population. Prevalence of women who had a recent mammogram during the period 2005 to 2009 was compared between women with health care coverage ("insured") and those without

health care coverage ("uninsured") using logistic regression. Explanatory variables included in the model were an indicator for insured/uninsured status, year, and the interaction between the insured/uninsured status and year. On average, 10.8 percent of women ages 40 years and older were uninsured.

- Prevalence of women who had a recent mammogram in this period steadily increased for both insured and uninsured women. The linear trend was statistically significant for both groups ($P < .01$; Figure 1).
- Each year, a significantly higher proportion of insured women ages 40 and older received a recent mammogram than uninsured women ($P < .01$). In 2009, 72.5 percent of insured women and 44.5 percent of uninsured women had received a mammogram in the previous year (Figure 1).
- The difference between the two groups decreased during this time period, from 34.1 percentage points in 2005 to 28.0 percentage points in 2009. Using logistic regression analysis, the change in differences between the two groups was statistically significant ($P < .01$; Figure 1).

Recent Mammogram and Health Care Coverage of California Women Ages 40 and Above, 2005 to 2009

California Department of Public Health
Cancer Detection Section

Public Health Message:
During 2005 to 2009, the difference between the insured and uninsured in the proportion of women having a recent mammogram decreased considerably. Despite a narrowing gap, still less than half of uninsured women received a recent mammogram. The findings underscore the continued importance of public health programs that enable underserved women to receive mammograms for breast cancer screening.

Recent Mammogram and Health Care Coverage of California Women Ages 40 and Above, 2005 to 2009

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Figure 1

Recent Mammogram Among California Women Ages 40 and Above by Health Care Coverage, 2005-2009



Source: California Women's Health Survey, 2005-2009

1. Breast Cancer. Healthy Women Informed Empowered Website. <http://www.healthywomen.org/condition/breast-cancer>. Updated April 21, 2008. Accessed September 28, 2010.
2. American Cancer Society. American Cancer Society Guidelines for the Early Detection of Cancer. <http://www.cancer.org/Healthy/FindCancerEarly/CancerScreeningGuidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>. Updated July 6, 2010. Accessed October 12, 2010.
3. Sabatino SA, Coates RJ, Uhler RJ, Breen N, Tangka F, Shaw KM. Disparities in mammography use among US women aged 40-64 years, by race, ethnicity, income, and health insurance status, 1993 and 2005. *Med Care*. 2008;46(7):692-700.

Submitted by: Sepali Gunasekera, M.S., Weihong Zhang, M.S., and Toshi Hayashi, Ph.D., California Department of Public Health, Cancer Detection Section, (916) 449-5340, Sepali.Gunasekera@cdph.ca.gov